

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G385 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 07/18/2014 |
| NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 12046 FORREST DR ST JOHN, IN 46373 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| {W 000} | <p>INITIAL COMMENTS</p> <p>This visit was for the post certification revisit to the investigation of complaint #IN00147437 conducted on 5/5/14.</p> <p>This visit was done in conjunction with the annual recertification and state licensure survey.</p> <p>This visit was done in conjunction with the post certification revisit to the post certification revisit to the investigation of complaint #IN00144005.</p> <p>Complaint #IN00147437: Corrected.</p> <p>Dates of Survey: July 8, 9, 11 and 18, 2014.</p> <p>Facility Number: 000899 Provider Number: 15G385 AIM Number: 100249270</p> <p>Surveyor: Christine Colon, QIDP</p> <p>Tradewinds Services Inc. was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the post certification revisit to the investigation of complaint #IN00147437. Quality Review completed 7/28/14 by Ruth Shackelford, QIDP.</p> | {W 000} | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.